PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 09/937580

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			S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OF	OTHER THAN OR SMALL ENTITY		
Ľ	OTAL CLAIM	S			- Aller and a			RATE	FEE	7		FEE	
FOR			NUMBER FILED '		NUMBER EXTRA			BASIC FE		OR		-	
TOTAL CHARGEABLE CLAIMS Le 4 min				inus 20=	20= 244			X\$ 9=			3.5	100	
INDEPENDENT CLAIMS						11.4.5	1	X40=	- 2	OR	- "	0.73	
MULTIPLE DEPENDENT CLAIM PRESENT								**135=	المراجعة المراجعة	OR #	X80=3	7.99	
• 1	• If the difference in column 1 is less than zero, enter "0" in column 2									OR	+270=		
3/17/05 CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	1732	
(Column 1) (Column 2) (Column 3))	OTHER THAN SMALL ENTITY OR SMALL ENTITY					
		CLAIMS	Sirt Pa	HIGH		T	7 6			•			
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	. 65	Minus	br	ŧ _	=	\prod	X\$ 9=		OR	X\$18=	500	
AME	Independent	1. 14	Minus	L	·	= 10	ľſ	X40=.			್ರಾರ್ X60=	and	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							405	· · · · · ·			-0719	
•					·	X40= OR X816= OD A IM OR X60= OD A +135= OR +270= ADDIT. FEE OR ADDIT. FEE QUSOY (Column 3) PRESENT EXTRA RATE TIONAL RATE TIONAL							
		(0 -1 4)				•				OR ,	ODIT. FEE	<u> 4050</u> 4	
		(Column 1)		(Colum		(Column 3)						- 1	
ENT B		: CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOI PAID F	ER USLY			RATE	TIONAL		RATE ·	TIONAL	
AMENDMENT	Total		Minus	••	<u> </u>	=	 	X\$ 9=	FEE	20	X\$18=	FEE	
ME	Independent	•	Minus	•••		= .		X40=		OR		 .	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	PENDENT	CLAIM		l	740-		OR	X80=		
		•		+135= OR +270=									
		Ť					AE	TOTAL DIT. FEE		OR ,	· TOTAL ODIT, FEE		
•		(Column 1)		(Colum	n 2) .	(Column 3)	_						
- 1	*** · · · · · · · · · · · · · · · · · ·		*** St. 34.5			20545			ADDI-	ſ		ADDL	
	tiles :	AFTER AMENDMENT	76. 37. 16. 18. 18.	PREVIOU	JSLY	EXTRA		RATE	TIONAL		RATE	TIONAL	
AMENDMENT	Total	•	Minus	•• '		.		X\$ 9=		<u>_</u> t	X\$18=	ret	
	Independent		_	•••		=	▎┝			t	 		
╧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ΙL	~ ~		OR [∧ov=		
		+135= OR +270=											
If the entry in column 1 is less than the entry in column 2, write "of in column 3. If the "Highest Number Previously Paid For IN This SPACE is less than 20 color 20.													
**	ne uiduest Mit	CLAIMS REMAINING AFTER AMENDMENT Minus Min											